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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 4477

SERIAL NUMBER 10/628,345	FILING DATE 05/21/2004  RULE	CLASS 424	GROUP ART UNIT 1654	ATTORNEY DOCKET NO.
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APPLICANTS  
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\*\* CONTINUING DATA *mcf* \*\*\*\*\*

\*\* FOREIGN APPLICATIONS *mcf* \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 06/16/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>mcf</i> Examiner's Signature <i>mas</i> Initials	STATE OR COUNTRY FL	SHEETS DRAWING	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
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TITLE  
 Healthy prostate formula

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